PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL										
Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231 APPLICATION FOR REISSUE OF:	Attorney Docket No. 500.33218CR2 First Named Inventor Yukiko TONOMURA Original Patent Number 5,809,119 Original Patent Issue Date (Month/Day/Year) Express Mail Label No. Patent Design Patent Plant Patent									
(check applicable box) APPLICATION ELEMENTS	Patent Design Patent Plant Patent ACCOMPANYING APPLICATION PARTS									
1. X * Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing) 2. X Specification and Claims (amended, if appropriate) 3. X Drawing(s) (proposed amendments, if appropriate) 4. Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52) 5. Original U.S. Patent	7. X Foreign Priority Claim (35 U.S.C. 119) (if applicable) 8. X Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS 9. English Translation of Reissue Oath/Declaration (if applicable) * Small Entity Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12) 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Other: **Note For Items 1:8 10 IN Order to Be entitled to PAY:::: SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1:27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1:28). **Interval Statement (1990) **Note For Items 1:8 10 IN Order to Be entitled to PAY::: SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1:27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1:28).									
14. CORRESPONDENCE ADDRESS										
☐ Correspondence address below Insert Customer No. or Attach bar code label here) OR Correspondence address below										
Name										
Address										
City State	Zip Code									
Country Telephone	Fax									
NAME (Print/Type) Carl J. Brundidge Signature	Registration No. (Attorney/Agent) 29,621 Date July 25, 2000									

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.											
REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional)						
						500.33218CR2					
Claims as Filed - Part 1											
Claims in Number Filed in		Nive	lumban Francis			Other than a Small Entity					
		ssue Application		ibei Extra	Rate	Fee	₩	Rate	Fee		
(37 CFR 1.16(j))	(B)	13		0 =	x \$=		or	×\$_18_=		0	
Independent laims (37 CFR 1.16(i))	(D)	6		4 =	×\$=			x <u>\$ 78</u> =		312	
Basic Fee (37 CFR 1.16(t									\$	690	
Total Filing Fee						\$		OR	\$	1,002	
Claims as Amended - Part 2											
(1) Claims Remainir	(1) (2) (3) (3) Claims Remaining Highest Number Extra				SmallEr	ntity		Other than	a Small E	ntity	
After Amendmer	it	Previous Paid Fo	ily	Claims	Rate	Fee		Rate		ee	
***	MINUS	**		=	x \$=			x \$=		•	
)))	MINUS	****		=	x \$=		or	x \$=			
		To	otal A	dditional	Fee	\$		OR	\$		
If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *****If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ***********************************											
	For Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i)) Claims Remainir After Amendmer Total Claims (37 CFR 1.16(i)) Claims Remainir After Amendmer Total Claims er than 20, use (B mber of Independent than 20, use (B mber of Independent)	Total Claims (37 CFR 1.16(i)) Independent Claims (37 CFR 1.16(i)) Independent Claims Remaining After Amendment *** MINUS O) is less than the entry in (C) Number of Total Claims Precelation of claims er than 20, use (B -A); if "A" mber of Independent Claims harge Deposit Account Note copy of this sheet is entered and over the copy of this sheet is entered to the amount of \$ 1,002.	Claims as Fi For Reissue Application Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(j)) Independent Claims Remaining After Amendment MINUS Total Claims as Amen Claims Remaining After Amendment MINUS Total Claims Previous Paid For Number of Total Claims Previously Paid celation of claims er than 20, use (B -A); if "A" is 20 or less mber of Independent Claims Previously Finance of Independent Claims Previously for the copy of this sheet is enclosed. Missioner is hereby authorized to characteristic properties of the copy of this sheet is enclosed. Total Claims as Amen Total Claims Previously Freviously Frevious	Claims as Filed - For Number Filed in Reissue Application Num Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(j)) Independent Plaims (38 Amended Plaims Previously Plaid For Plaims (38 Amended Plaims Plaims (39 CFR 1.16(j)) Independent (39 CFR 1.16(j)	Claims as Filed - Part 1 Number Filed in Reissue Application Total Claims (37 CFR 1.16(j)) Independent Islaims (37 CFR 1.16(j)) Independent Reissue Application Total Filing Fee Claims as Amended - Part 2 Claims Remaining After Amendment MINUS Total Additional O) is less than the entry in (C), Write "O" in column 3. Number of Total Claims Previously Paid For" is less than 20, use (B - A); if "A" is 20 or less, use (B - 20). Independent Claims Previously Paid For" or Number of Independent Claims Previously Paid For" is less than the entry in (C), Write "O" in column 3. Supplied For Independent Claims Previously Paid For Independent Claims Pre	Claims as Filed - Part 1 For Number Filed in Reissue Application Number Extra Rate Total Claims (37 CFR 1.16(j)) Independent Ialims (38 CFR 1.16(j)) Ialims Remaining Ialims	Claims as Filed - Part 1 For Number Filed in Number Extra Rate Fee Total Claims (37 CFR 1.16(j)) Independent (1alims (37 CFR 1.16(j))) Independent (1alims as Amended - Part 2 Claims Remaining After Amendment Previously Paid For Claims Prevent Previously Present Prese	Claims as Filed - Part 1 For Number Filed in Reissue Application Number Extra Rate Fee (37 CFR 1.16(i)) Independent (D)	Claims as Filed - Part 1 For Reissue Application Reissue Rate Rate Rete Rate Rate Reissue (37 CFR 1.16(ii)) Reissue Reissue (B) Reissue R	Claims as Filed - Part 1 For Number Filed in Reissue Application Reissue	

July 25, 2000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Y. TONOMURA, et al

Serial No.:

Not yet assigned

Filed:

July 25, 2000

For:

COMMUNICATION METHOD OF SUPPLYING INFORMATION IN

INTELLIGENT NETWORK AND APPARATUS THEREFOR

Group:

Not yet assigned

Examiner:

Not yet assigned

LETTER CLAIMING RIGHT OF PRIORITY

Assistant Commissioner for Patents

Washington, D.C. 20231

Sir:

Under the provisions of 35 USC 119 and 37 CFR 1.55, applicants hereby claim the right of priority based on:

Japanese Application No. 5-244252 Filed: September 30, 1993

The certified copy of said application document was filed in parent application Serial No. 08/314,373, filed September 28, 1994, now U.S. Patent No. 5,590,180.

Respectfully submitted,

Carl I. grundidge

Registration No. 29,621

ANTONELLI, TERRY, STOUT & KRAUS, LLP

CIB/jdc 703/312-6600

